

City of San Bruno Finance Dept. – Business Tax 567 El Camino Real San Bruno, CA 94066 Tel: (650) 616-7083 Fax: (650) 876-0256

www.sanbruno.ca.gov

Account Number:		
Business Type: In	n-Town [Home-Based □

BUSINESS REGISTRATION APPLICATION FOR IN-TOWN AND HOME-BASED BUSINESSES Fiscal Year: July 1 through June 30 Business Owner's Information

business Owner's information					()		
Name					Home P	hone	
Home Address	City/State		Zip	_	Fax or E	mail Address	
Social Security Number	_				Drivers L	_icense Numbe	er - State
Business Information/Zoning Con	formance						
Name of Business (DBA)					Busines	s Start Date	
Business Address (Street Name and Suite/Unit #)				_	() Busines	s Phone	
Assessor's Parcel Number (APN)	-				Zoning		
Property Owner's Name				_	(<u>)</u> Property	Owner's Phor	ne
Property Owner's Address	City/State		Zip	_			
Previous Use of Property			•		Property	Owner's Sign	ature
Description of Business (what type of business wi	II be conducted)						
Business Operating Hours (hrs. and days of busin	ess operation)				Approx.	Sq. Footage o	f Business
Number of Employees	-		Location	of Employe	e Parkin	g	
Will new signs be placed on the propert	y? Yes □		No 🗆				
Will there be any new construction or re If so, please describe:	modeling on the	property	? (Check	k all that app	oly)	Interior	Exterior
Type of Ownership: Sole Proprietor	□ Partne	rship []	Corpora	tion		
Federal Tax I.D. #	-		Sellers F	Permit (Sale	s Tax) #		
Home-Based Businesses Only – Cher Bruno Municipal Code section 12.84.13 Will the business require any of the follo	0 to ensure the b						
Deliveries from trucks weighing more th	an ¾ tons	Yes □	No 🗆	-			
Storage/Sale of goods, services or stock	<	Yes □	No 🗆				
Storage/use of mechanical/electrical eq	uipment	Yes 🗆	No 🗆				
Alternation of interior/exterior of home		Yes □	No 🗆				
Employees other than owner		Yes □	No 🗆				
Work outside of home's main structure		Yes 🗆	No 🗆				
Signs on vehicle/property		Yes 🗆	No 🗆				
More than 200 sq. ft. /10% of home's flo	or area	Yes □	No 🗆				
Use of home's garage		Yes 🗆	No 🗆				

Corporate Info	ormatic	n (if applicable)				()	
Corporate Name						Telephone	
Street Name			,	Suite/Unit	#	() Fax	
City		State	2	Zip		Website	
Copy of Busines Annual Business	s Licens Tax Re	enewal	nt: Home Home			Corporation Corporation	
Emergency Lo	ocal Co	ontact(s)					
Name		Title				() Telephone	
Name		Title				(<u>)</u> Telephone	
Does your busine			s 🗆 I	No 🗆		(<u>)</u> Telephone	
	gross re	eceipts NOT net inco	<u>, </u>		x table to calcu		e tax.
Fiscal Year End June 30, 2006	ling	Gross Receipts	Calculated	Tax	Penalty	Total \$	
Prior Years' Sum	nmary					\$	
_					Analization Fac	.	25.00
			Business (Application Fee nce Permit Fee		35.00 190.33
		(does not		е Оссира	ition Businesses)	
	(does r	not apply to Home Occ add	upation Busine	esses; ple	Inspection Fee ease note that ar ay be necessary	1	125.00
		Total (sum of all li					
Certification I, herby certify, und knowledge.	der pena	alty of perjury, that th	, as an a ne informatior	uthorize n provide	ed representatived herein is tru	ve of e and correct	to the best of my
Signature						Date	
			For City U	se Only			
Approvals (sig	n and d	late) Planning				Bui	ilding
		Fire				 Pol	ice
						FUI	100
Paid: \$		Date:		-			